

State Employee Acknowledgement Form For GIC Benefits

You are responsible for reviewing your benefit options and making your GIC benefit elections within 21 days of the date of hire on the MyGICLink Member Benefits Portal:

- Basic Life Insurance
- Basic Life & Health Insurance
- Summary of Benefits and Coverage
- Optional Life Insurance
- Long Term Disability (LTD)
- Dental/Vision (if eligible)
- Health Care Spending Account (HCSA)
- Dependent Care Assistance Program (DCAP)

Please sign, date and return this form to your GIC Coordinator after you have reviewed the GIC's Benefit Guide at mass.gov/GIC.

I understand that as a new hire I will receive a New Hire Welcome/Registration email from MyGICLinkcustomerservice@mass.gov and I must log in to the MyGICLink Member Benefits Portal to enroll in GIC benefits within 21 days of my date of hire. If I don't receive an email within 10 days of my hire date, I must notify the GIC Coordinator at my workplace so that enrollment forms can be provided to me via GIC online forms at bit.ly/MyGICLinkOnlineForms. By enrolling in GIC basic life or basic life and health insurance, my premiums will be deducted on a pretax basis unless I elect post tax benefits and if I enroll in a GIC health plan, I can't change my health plan until the next Annual Enrollment period. I understand that if I do not elect GIC Basic Life and health within 21 days of hire, my next opportunity to apply for these benefits is during GIC's next Annual Enrollment or within 60 days of a qualifying event.

Name: _____
(Please print)

Signature: _____

Date: _____

Employee: Return this signed form to your GIC Coordinator.

GIC Coordinator: Give employee a copy of this form and retain original signed form in employee's personnel file. Do not send to the GIC.